MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/585,928	07-13-06

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		e			
2	1					
3	1					
4	1					
5	1					
6	1					
7		3				
8	1					
9	1					
10	1					
11		1				
12	1					
13		1				
14		3				
15	1					
16		3				
17	1					
18	1					
19	1					
20	1					
21		10				
22	1					
23	1					
24	1					
25	1					
26		6				
27			e			
28			1			
29				1		
30				1		
31				1		
32			1			
33				1		
34			1			
35			1			
36			1			
37			1			
38				1		
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40				1		
41			1			
42				1		
43				1		
44				1		
45				1		
46			1			
47				1		
48				1		
49				1		
50			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
51				1		
52				1		
53				1		
54				1		
55			1			
56			1			
57				1		
58				1		
59				1		
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99						
100						
TOTAL IND.			15			
TOTAL DEP.			27			
TOTAL CLAIMS			42			

Barbara Campbell, PCT National Stage